### **Application Data Sheet**

## **Application Information**

Application number:: TO BE FILED

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: No

Title:: EXPANDABLE INTRACARDIAC RETURN

ELECTRODE AND METHOD OF USE

Attorney Docket Number:: 102863-0016

Request for Early Publication?:: No

Request for Non-Publication?:: No

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: India

Status:: Full Capacity

Given Name:: Rajesh

Family Name:: Pendekanti

City of Residence:: Bridgewater

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 448 Vanderveer Road

City of mailing address:: Bridgewater

State or Province of mailing address:: NJ

Country of mailing address:: US

Postal or Zip Code of mailing address:: 08807

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Parris S.

Family Name:: Wellman

City of Residence:: Hillsborough

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 61-3A Taurus Drive

City of mailing address:: Hillsborough

State or Province of mailing address:: NJ

Country of mailing address:: US

Postal or Zip Code of mailing address:: 08844

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China

Status:: Full Capacity

Given Name:: Jia Hua

Family Name:: Xiao

City of Residence:: Bridgewater

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 753 Byrd Avenue

City of mailing address:: Bridgewater

State or Province of mailing address:: NJ

Country of mailing address:: US

Postal or Zip Code of mailing address:: 08807

**Correspondence Information** 

Correspondence Customer Number:: 021125

Phone number:: (617) 439-2766

Fax number::

(617) 310-9766

E-Mail address::

ljm@Nutter.com

Representative Information

Representative Customer Number::

021125

# **Domestic Priority Information**

Application::	Continuity Type::		Parent Filing Date::
This Application	Continuation in part of	09/966,765	September 28, 2001

## **Assignee Information**

Assignee name::

ETHICON, INC.

Street of mailing address::

Route 22 West

City of mailing address::

Somerville

State or Province of mailing address::

NJ

Country of mailing address::

US

Postal or Zip Code of mailing address::

08876

1063046.1